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ABSTRACT

This report describes early childhood care and education (ECCE) and other family support policies and programs in seven southeast Asian countries: Thailand, Malaysia, Philippines, Indonesia, Vietnam, Laos, and Cambodia. The report draws primarily on background country reports prepared by officials in these countries to focus on the context in which policies and programs have been developed, describes extant or proposed child and family support policies and programs, and details specific ECCE initiatives in each country. The report notes that all the countries stress the central and traditional role of the family in rearing and socializing children and that improvement in the status and role of women is a fundamental component of efforts toward enhancing the situation for children. Trends influencing the growing demand for ECCE include family changes, legislative initiatives, increased awareness of the impact of early childhood experiences on child well-being, school performance, and adult productivity. Barriers to expanding ECCE include competition for resources with other needs, government administrative arrangements, and the extent to which care and education are viewed as integrated and administered under one government agency, or separate and administered by several agencies, departments, or ministries. Specific ECCE initiatives are described for each country. The report concludes by emphasizing that there is growing recognition of the importance of ECCE but limited resources, staff shortages, lack of training opportunities, and the prevalence of traditional values have limited the development of ECCE programs. (Contains 12 references.) (KB)

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Early Childhood Care and Education and other Family Policies and Programs in South-East Asia

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U N E S C O

Early Childhood and Family Policy Series n°4

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Early Childhood Care and Education and other Family Policies and Programs in South-East Asia

Introduction

This is a report on early childhood care and education (ECCE) and other family support policies and programs[1] in seven ASEAN countries. It draws primarily on *background country reports* prepared by officials in these countries for submission to a sub-regional consultation meeting held in Hanoi, Vietnam, 22-24 May 2001[2], and on discussions at the meeting. The countries covered are: Cambodia, Indonesia, Laos, Malaysia, Philippines, Thailand, and Vietnam.[3] The present report covers the context in which these policies and programs have been developed in these countries, the child and family support policies and programs that exist or are being proposed, and the specific ECCE initiatives in each of the seven countries.

Context

ECCE developments in these developing countries can only be understood in the larger context of social and economic well-being.[4]

Table 1: Human Poverty Index Ranking and Other Indicators of Well-Being Among 78 Developing Countries in 1990-1995

Country	Human Poverty Index (HPI) %	HPI Rank	People without Access to Health	Adult Illiteracy	Children not reaching Grade 5
Thailand	11.7	11	10	6.2	12
Malaysia	--	--	--	16.5	2
Philippines	17.7	19	29	5.4	33
Indonesia	20.8	23	7	16.2	8
Vietnam	26.2	33	10	6.3	--
Laos	40.1	51	33	43.4	47
Cambodia	52.5	73	47	--	50

Source: UNDP. *Human Development Report 1997*. New York: Oxford University Press.

[1] They refer to policies and programs catering to children of age 0 to 8 or before the primary school entry age and their families.

[2] The meeting was organized by UNESCO in cooperation with the Ministry of Education and Training of Vietnam and the Vietnam National Commission for UNESCO.

[3] The ASEAN countries not covered are: Brunei; Myanmar; and Singapore.

[4] This section draws on the UNDP *Human Development Report of 1997*. New York: Oxford University Press.

Poverty and Well-Being

Drawing on the UNDP *Human Development Report 1997* and the discussion of poverty and well-being included there, Thailand and Malaysia rank highest in well-being among the seven countries, 59th and 60th out of 175 countries assessed. The Philippines and Indonesia follow (98th and 99th), then Vietnam (121st), with Laos and Cambodia last (136th and 153rd respectively). The table that characterizes the Human Poverty of Women and Children in that report, ranks the countries in the same order: Thailand and Malaysia (59th and 60th), followed by the Philippines and Indonesia (98th and 99th) and Vietnam (121st), and trailed by Laos (136th) and Cambodia (153rd). A table on Child Survival and Development in the report reveals the same pattern. Adult illiteracy is below 10 percent in Thailand, Philippines, and Vietnam but above 40 percent in Laos and Cambodia. About 90 percent of children complete 5th grade in Malaysia, Indonesia, and Vietnam but only 50 percent in Cambodia and 53 percent in Laos. Female illiteracy is about double the male rate in all but Thailand. Thailand and Malaysia rank highest with regard to child survival and development and lowest in Laos and Cambodia. The pattern is the same for social expenditures as a portion of GDP, highest in Thailand and Malaysia and lowest in Cambodia and Laos. Infant mortality rates fell in all these countries during the last two decades of the 20th century. For example, the rates fell in Malaysia from 24.0 per thousand live births in 1989 to 7.9 in 2000, and from 63 to 46 in Indonesia between 1990 and 1999, though rural/urban disparities remain in both of these countries.

Despite the economic crisis of 1997, by the turn of the century economic recovery was beginning at least in some countries. Using national or World Bank definitions of poverty, poverty rates declined in several of these countries during the 1990s. Based on its 1999 poverty line, both rural and urban poverty declined in Malaysia from 1995 to 1999, from 8.7 percent in 1995 to 6.1 percent in 1997. The rate then rose as a consequence of the 1997 economic crisis to 8.5 percent in 1998 but declined again to 7.5 percent in 1999. Urban poverty was 3.4 percent in 1999 while rural poverty was 12.4 percent. Poverty declined in Indonesia from 40 percent in 1976 to 11 percent in 1996, but again, because of the 1997 crisis, rose to 25 percent in 1999. Using the World Bank definition, the poverty rate in the Philippines was 27 percent in 1999. It was 36-39 percent in 1999 in Cambodia and in contrast to the other countries, probably higher than the rate in 1970.

In short, it seems clear that all these countries have limited resources to invest in ECCE and major social problems that are in urgent need of attention. Infant mortality and morbidity, limited access to health care, poverty, low rates of basic adult literacy are all severe problems requiring attention. At best, indicators of well-being for Thailand and Malaysia rank at only about one-third of the level of world leaders in economic security and child and women well-being, with Laos and Cambodia ranking near the bottom. Nonetheless, as we shall see subsequently, the same pattern is not followed consistently across countries when we assess developments in ECCE. This suggests that more than resources are involved in making a commitment to ECCE.

Family Change

Somewhat surprisingly, it seems that the changes in the landscape of families in these countries are similar to those observed in the more industrialized countries. The countries are aging. Families are getting smaller as fertility rates decline, and there are changes in household and family structure. Gender roles are changing and there is a growing proportion of women in the paid labor force.

More specifically, as is characteristic of many other Asian and Western countries, the ASEAN countries are aging: the percentage of the population aged 60 and older in Malaysia is expected to reach 7.3 percent by 2010 and 9.5 percent by 2020. Special initiatives are planned in response to this development including the establishment of health centers providing geriatric care throughout the country. The percentage of those 65 and older in Indonesia almost doubled between 1971 and 1999, from 2.5 to 4.7

percent. The elderly are expected to increase their share of the population in the Philippines and Thailand as well. As indicated, the general trend is similar in the industrialized countries, but much more pronounced in those countries. For example, the portion of the population that is 65 or older in the European Union countries is 15.7 percent, and 12.7 percent in the OECD countries.

Families are changing

The terms "household" and "family" are often used interchangeably in the data from these countries and shall be used similarly in this paper. As noted in the background country report on the Philippines, quoting from other sources, "The family is spontaneously adjusting to the shifting demands of an underdeveloped society's market economy". Families are increasingly diverse. Extended families are declining and nuclear families are rising in numbers and as a portion of families; and they are becoming, increasingly, the dominant family type. Nonetheless, extended families remain important especially in some countries. For example, in Indonesia, 83 percent of families live in rural areas and 20 percent of these are extended families. There is also growing awareness of the problems of employed parents, especially mothers, in reconciling work and family life, as dual-earner families rise in numbers, too.

Families continue to be viewed as "the first safety net for the survival, protection, and healthy development of children" according to the Cambodian background country report. However, communities and villages, once composed of extended family networks established for generations and the extended families which were their core, have been increasingly fragmented by death, natural disasters, forced population movements, repatriation, displacement, and separation. As a result, families are confronted by growing problems and the demands placed on them are often greater than they can meet.

Family structure has changed, resulting in an unusually high percentage of households headed by women, often widows. Almost 25 percent of families are headed by women in Cambodia and Laos as the result of war and civil strife. In Cambodia in 1998, 1 in 13 children had lost one or both parents and were often living in unprotected and dangerous circumstances. In addition to the problems mentioned above, other problems leading to family dislocation and child abuse and neglect in several of these countries are: poverty, illiteracy, lack of access to health care, recurrent floods and drought, death and dismemberment by landmines, and orphaned, disabled, and exploited children.

Families are smaller

Family size began to decline in the 1980s and has continued to decline over the last two decades. Half a century ago, women were expected to be married by age 16 while the average age for marriage now is 22 and even older for urban, educated professional women in the Philippines, as compared with the late 20s in the Western industrialized countries. Birth rates are falling in these countries, albeit slowly in some. The total fertility rate is 2.8 in Indonesia, 3.7 in the Philippines, 4.0 in Cambodia and 5.4 in Laos, the highest rate in the region, where the average household size is 5.5. (For comparison, the average total fertility rate in the OECD countries is 1.8, 1.5 in the EU countries, and 2.0 in the U.S.)

Women are increasingly in the paid labor force

Although women continue to be expected to have primary responsibility for domestic work, childcare, and child rearing, a rising number are in the paid labor force as well. In 1998, the female labor force participation rate in Indonesia was 38 percent, and 49.7 percent in the Philippines in 2000 (as compared with about 53 percent in the EU and 65 percent in the G-7 countries). Despite the rising female labor force participation rates, there is a tendency for working women to be marginalized because of lower levels of education, lower skills, and lower status. Moreover, none of the rates in these

background country reports are disaggregated by age or presence and age of children or by woman's marital status. As a consequence the full picture is not available. Despite the limited data, however, it seems clear that women are increasingly unavailable to provide care at home for young children and the need for non-parental care is likely to increase even more in the future.

In short, families are getting smaller as fertility rates decline. Families have less capacity to provide care as the numbers of extended families decline, the numbers of single-parent families increase, and more women enter and remain in the paid labor force. As a result of all these developments, the need for extra-family childcare is increasing. Furthermore, there is more awareness of the value of ECCE for enhancing children's development and preparing them for later schooling. Thus, despite limited resources, need, desire, and demand for access to ECCE is likely to increase.

Policies Towards Women

Gender inequality and traditional gender roles persist within families despite the increase in women working outside the home. There is general recognition of the importance of enhancing women's status in the society; and there is growing awareness of the role that women's status plays in improving the situation of children. Yet despite legislation explicitly stressing gender equity and equality, and some progress, significant inequities remain. Women's education level is generally low or at least lower than men's, especially in rural areas. Much unpaid family labor is carried out by women. The issue of equal access to education for girl children is especially important.

Most of these countries explicitly stress the importance of education, a highly regarded value in much of Asia. In Malaysia, for example, a multi-ethnic, multi-religious, and multi-cultural country with a population of 22 million, education receives extensive attention. Universal, free public education up through secondary school has been established. Several private universities have been established also. And the literacy rate for the whole population is 94 percent.

Malaysia's socioeconomic development has always integrated gender concerns into the various development plans to ensure that women participate more effectively as partners in development. To strengthen the national government machinery for the advancement of women, the Women's Affairs Division was upgraded to a full department in 1997 and a new Ministry of Women and Family Development was created in 2001, which includes the earlier department.

The advancement of women is increasingly evident, despite the persistence of traditional values: maternal mortality has declined. Women's life span has increased, with women now expected to live up to the age of 74 as compared with age 70 for men, a pattern typical of the industrialized countries as well. Primary education covers almost all females. About 86 percent of females aged 10 and older were in secondary school in Malaysia in 1994 (but only 33 percent were in post-secondary school). Almost half of all adult women are in the labor force, about half in service jobs. Women today are more visible in business and have more access to credit, hopefully leading to a reduction in extreme poverty and increased self-reliance among women.

Important legislation promoting the well-being of women has been enacted in Malaysia: legislation protecting women against domestic violence; legislation making women equal guardians with men of their children; a law protecting women against sexual harassment; and registration of births and marriages. A legal literacy campaign for women to learn more about their legal rights has been implemented. The increasing incidence of HIV/AIDS and its effects on women and children has made the government realize that reproductive health is a life-cycle concept and has intergenerational consequences and therefore requires multi-sectoral approaches. To promote healthy lifestyles and responsible sexual behavior, efforts have been intensified to promote greater parental and male responsibility through public education programs.

The 1997 Thailand constitution stresses issues concerning women and children. It emphasizes women's equality in employment and wages and provides women with

opportunities for training for enhanced quality of life and participation in decision-making.

The status of women in Indonesia has also advanced. The literacy rate of females aged 10 and older has increased from 47 percent in 1971 to 79 percent in 1990. The ratio of girls to boys in primary school is the same and the rate of secondary school completion by girls almost tripled since 1980. Boys aged 13-15 had only slightly higher school participation rates than girls (79.4 as compared with 78.7). Female labor force participation increased from 32 percent in 1980 to 46 percent in 1998. Based on the preliminary data from the 2000 census, female labor force participation rates are 41.5 as compared with 71.6 percent for males (Elsewhere in the background country report the rate given for women is 46 percent in 1998). The involvement of women in the labor force was higher in rural areas than in urban areas (45.0 percent compared with 37.0 percent). Thirty-six percent of women aged 10 and older were unpaid workers and most paid women workers worked in agriculture (43.6 percent). Nonetheless, despite these changes, traditional beliefs regarding women's role continue to stress getting married, bearing and rearing children, and being a companion to her husband. Although women are still expected to be responsible for domestic work and child rearing, the economic crisis led them to enter the workforce for family survival. Data in 1998 revealed that women headed 13 percent of households in Indonesia, and 81 percent of these female-headed households were headed by divorced or widowed women.

Indonesia is now actively working to achieve the national development goals of gender equality and equity, especially in relation to education, health, women's legal, political, and economic status and women's human rights. More significantly, these new laws will require every government department and agency to assess the differential impact on women of all new policies, programs, projects, legislation, and budgets.

The 1991 Laos' constitution and subsequent legislation includes the legal right for women to participate in government and politics. Legislation was enacted having to do with marriage and divorce and with protecting women's rights in a series of circumstances. In 1994, Laos still reflected more traditional patterns. Thus, for example, the mean age for women to experience a first marriage was 19, to have their first birth, 20.5. The birth rate in Laos 1994 was 5.4 and its infant mortality rate, 104. Female literacy for girls aged 7 and older is 55.4 percent as compared to 71 percent for men. It had the highest rate of female-headed families among this group of ASEAN countries, including a large number of widows.

Drawing on a 1995 UNICEF report (*Towards a Better Future: An Analysis of the Situation of Children and Women*) and a 1999 survey, the Cambodian background country report provides the background for ECCE developments, stressing the problems of poverty, illiteracy, lack of access to health care, child exploitation, recurrent floods, drought, war, civil strife, landmines, HIV/AIDS, and dramatic social change as mothers work outside the home in growing numbers and grandmothers without any formal education are the primary caregivers for children. Forty-six percent of the workforce in Cambodia is made up of unpaid family labor, 87 percent in rural areas, and 56 percent of these are female.

Cambodia has legislation similar to Laos, promoting women's equal rights, providing equal pay for equal work, and even paid maternity leave. Unfortunately, these laws are often not enforced and there are no provisions that protect women against violence such as rape, domestic violence, trafficking, and/or prostitution. Sixteen percent of families in Cambodia are headed by a lone-parent, overwhelmingly widows, who have no alternative to working (if paid employment is available) and therefore, need ECCE. The overall literacy rate is 63 percent with a higher level in urban than rural areas. In 1980 Cambodia had the largest literacy gap between males and females, but that gap was halved by 1998 and half of the children in preschool now are girls.

In short, all these countries have enacted laws that outwardly stress the importance and value of women's role in the society, establish increased rights and

protection for women, and acknowledge the changes occurring in women's roles. Nonetheless, despite these developments, there do not appear to be data on how these new rights have been implemented, protected, promoted and/or enforced.

Child and Family Policies: an overview

All these ASEAN countries stress the central and traditional role of the family in rearing and socializing children. Quoting from a 1994 UN report (Declaration of Social Progress in Development), the Vietnam background country report states that "Family is a basic unit of society and a natural environment for development and happiness for all family members, particularly the children." It goes on to state that "From time immemorial all ethnic groups in the Southeast Asian Region have been greatly influenced by oriental philosophies, the most influential of all is the philosophy originating from Confucianism". Respect for the elderly is a repeated theme, as is support for multi-generational and extended families. Although each of the countries in the region has its own culture and even some communities have different philosophies, the value placed on the traditional family is a shared value throughout the region. Yet despite this, as indicated earlier and in all the background country reports, present day families are experiencing significant changes due to the impact of economic development, demographic, social, and cultural change. The changes have brought about some important positive results (improved health, reduced income poverty, extended and enhanced education, reduced gender inequities) but also have led to changes in the relationship between families and society, especially with regard to the education, socialization, and care of young children; and inequities remain and have even increased between urban and rural areas.

Improvement in the status and role of women is a fundamental component of any effort towards enhancing the situation of children, as has been discussed above, and is a repeated theme in the background country reports. Legislative initiatives targeted on this goal occurred in all of these countries over the last two decades. Paralleling and supplementing these initiatives are women, child and family-related laws enacted in several of these countries, often influenced by the 1990 World Summit on Children and the enactment of the UN Convention on the Rights of the Child. For example, a law on marriage and the family enacted in 1959 in Vietnam, was amended in 1986 and again in 2000, stipulating individual's rights and obligations regarding marriage. Two important laws enacted in 1991 are the Law on Child Protection and Care and the Law on Universal Primary Education establishing free public primary education. There is growing interest now in ECCE and in ensuring access to these programs in rural as well as urban areas. There is also growing interest in enhancing parental knowledge and understanding of child development and how parents can contribute to and participate in the education of their young children. The major provisions of the legislation directed at children and their families have to do with nutrition, health care and primary and secondary education. In addition, most of the countries have enacted laws having to do with the protection of women's and children's legal rights, especially with regard to protection against physical and sexual abuse and exploitation.

Thailand

Child and family policy is only beginning to be conceptualized as such in several of these countries. In Thailand, for example, a policy statement was issued by Prime Minister Taksin Shinawatra on February 6, 2001, stating that a primary function of government is to promote family strength and that families are the basic unit of economic development and a shelter from social problems. Among the objectives of Thailand's child and family policy announced in his statement are:

1. to establish community-based centers for providing information, advice, and help to families with regard to health care and family planning;
2. to support quality, community-based, pre-primary schools;

3. to protect children against abuse and punish those who violate or abuse children;
4. to promote women's rights, status, roles, and gender equity.

The policy so stated conforms to the provisions of the Eighth National Economic and Social Development Plan (1997-2001) and includes:

- a redefinition of the minimum age for children to enter paid employment, from 13 to 15;
- an enhanced law concerning the disabled;
- a new National Education Act (1999) extending basic education to 12 years;
- provision for expanded opportunities for NGOs, civic groups, and other social institutions to participate in educational issues;
- protection of women and children with regard to prostitution;
- plans for the enactment in 2010 for legislation regarding the Youth Family Court and Youth Rehabilitation Center.

The Thai concept is that government, NGOs, and the private sector should work together in order to achieve child and youth protection generally. Only limited data and evidence exist, however, with regard to the implementation and enforcement of these laws. Nonetheless, child well-being did improve during the 1990s. For example, infant mortality rates declined significantly from 8.0 per thousand live births in 1950 to 5.8 in 1997. Thailand has enacted a paid and job-protected maternity leave at the time of childbirth, lasting 90 days and replacing 50 percent of prior wages. A lump sum cash benefit is also provided, for one birth.

It is estimated that the Royal Thai government invests about 3.9 percent of GDP on children and youth, with the largest portion spent on education. Primary education is compulsory in Thailand but at least 10 percent of children could still not access school at the end of the 1990s. Sixty percent of sixth graders do not go on to secondary school. Traffic accidents are the leading cause of death among youth aged 15-24 and risk behaviors such as smoking, drinking alcohol, drug addiction, teen-out-of-wedlock pregnancy and births, are significant problems (as they are in many of the Western industrialized countries as well). Half of the 13-14 year olds are already in the labor market and half of those working are in the family-agriculture sector. It is estimated that with the HIV/AIDS epidemic and the economic problems of the late 1990s, child abuse, child neglect, child prostitution, and child labor are likely to increase.

Malaysia

Following the World Summit for Children in 1990, a document entitled "Caring for the Children of Malaysia – A National Plan of Action for Child Survival, Protection, and Development" was drawn up by an inter-ministerial committee with representation from NGOs and was approved by the Cabinet in 1994. This served as the blueprint for the development and formulation of policies, strategies, and programs for children up to the year 2000.

Relevant legislation in Malaysia includes several acts concerning the juvenile courts (in 1947, 1981, and 1982), adoption legislation enacted in 1952 and revised in 1981, a child labor act passed in 1966, a women and girls' protection act passed in 1973 and revised in 1987, and child protection and child care acts passed in 1981 and the 1990s. Malaysia has enacted childbirth-related leaves including a 60-day, paid and job-protected maternity leave for working women following childbirth and three days paid and job-protected paternity leave. Several child-conditioned tax benefits have been established including a child benefit, a child maintenance benefit, a tax benefit to offset some of the costs to parents of education and medical expenses, tax benefits to employers in the private sector for the cost of building child care centers at the workplace. In response to the rising labor force participation rates of women, policies have been established encouraging flexible work schedules and teleworking to help

women manage work and family life. Among the policies recommended for the future, is the establishment of a social impact statement for all new development projects.

Indonesia

In Indonesia, the development of children is viewed as part of the effort to improve the quality of human resources in the country. Policies and programs currently conducted to support families include:

- poverty alleviation through community empowerment strategies;
- provision of credit and finance schemes;
- family planning services;
- a Safe Motherhood program and promotion of a program that involves the responsibility of husbands;
- policies designed to improve nutrition, health status, and education of children including the establishment of community-based health services for young children aged 3-6;
- increasing the legal protection of children;
- policies designed to increase the role of the family and community in the care of children.

Several government agencies in collaboration with international agencies such as the World Bank, the Asian Development Bank, UNICEF, and others responded to the economic crisis of 1997 by providing support for two major programs for children including food and nutrition programs and access to public health and education. In addition, a consortium of NGOs and community groups established a Community Recovery Program to empower local communities to assist the poorest and most vulnerable population affected by the crisis. Some private corporations contributed as well.

During the period of 1992-1997, the number of working children 10-15 years of age decreased from 2.3 to 1.6 million or proportionately from 10.2 to 7.4 percent. However, the decline was greater for boys (9.4 percent) than girls (6.9 percent). The official age for compulsory education is 6-12 for primary education and 13-15 for secondary education, for a total of 9 years of compulsory education. However, there are no data provided about actual enrollment and coverage.

Indonesia is seeking to strengthen child and family caring practices. The program includes promoting home visits and home-based activities that support safe pregnancies and deliveries, promote breast feeding and birth spacing, protect young children against abuse, provide early psychological stimulation as well as helping parents avoid developmental delays among young children. Attention is paid to improving women's health and their education as a strategy for enhancing the development of children. The scale of implementation is not reported.

The Philippines

Article II in the Philippines constitution covers several relevant aspects of child and family policy, for example:

- an explicit recognition of the family as the basic social institution;
- the natural and primary right and duty of parents in the rearing of children;
- the roles of children, youth, and women in nation building;
- equality of women and men;
- the protection and promotion of the right of all to health care;
- education as a priority;

- the rights of indigenous minorities.

Very young children (under 6) are considered especially vulnerable to the consequences of poverty, infant mortality rates are viewed as too high (35 per 1000 births), and anemia and wasting are considered to be major problems. The Philippines also provide a paid maternity leave for 60 days, covered by a cash benefit replacing 100 percent of prior wages.

Cambodia

Education is at the heart of child and family policies in Cambodia. The system of education in Cambodia is divided into preschool for 3 to 5 year olds, primary school for children aged 6 to 12, lower secondary school (grades 7,8,9), upper secondary school (grades 10,11,12), vocational training schools, and higher education. In 1996-97 the 12 year system of education was established with the government expected to provide 9 years of free education for all under the aegis of the Ministry of Education, Youth, and Sport (MOEYS) Only 60 percent of 5-17 year olds attend school full time now. The main current focus is on implementing the policy already announced and improving the quality of that education.

To summarize: In recent years, especially since the enactment of the UN Convention on the Rights of the Child in 1990, most of these countries have enacted legislation providing for the protection of children and women. Attention to and concern about children have increased, with particular attention placed on confirming the centrality of the family while acknowledging family and gender role changes, the link between women's status and child well-being, and the need for more attention to children.

Early Childhood Care and Education Policies and Programs

All the developments described above lead to a growing need and demand for ECCE: the family changes, the legislative initiatives, and the increased awareness of the impact of early childhood experiences on child well-being, school performance and adult productivity. More specifically, the trends influencing the growing demand for ECCE include:

- The increasing number and percentage of women in the labor force, especially those with young children.
- The decline of the extended family and increase of nuclear families.
- The increasing awareness of the importance of preparing children for primary school.
- The ratification of the United Nations Convention on the Rights of the Child (UNCRC).
- The World Summit for Children, held in 1990.
- The need for alternative, affordable childcare.
- The need to ensure access to primary and secondary school, especially for the girl child.
- Continued relatively high birth rates producing a large population of young children.
- The multi-ethnic nature of the population requiring a common, shared experience to prepare them for primary school.
- The problem of street children especially in Vietnam, Indonesia, Laos, and Cambodia and their need to be prepared for school and to be socialized into the society.

The obstacles to expanding ECCE include: the competition for resources with other needs such as reducing poverty, increasing access to health care, coping with natural disasters, and the lack of trained ECCE staff. Most importantly, the obstacles include as well the administrative arrangements within government for setting policies and implementing them, and the extent to which care and education are viewed as integrated – and administered under one government agency – or separate and administered by several agencies, departments, or ministries. The country "cases" which follow vary in content and length, with the countries that have the most significant developments receiving the most attention.

Thailand

In Thailand, school-aged children receive far more policy and program attention than preschoolers. Most parents lack the knowledge of child development needed to bring up their very young children adequately and do not understand young children's development from birth through five years of age, or the link between the preschool experience and subsequent child outcomes. Communities have limited resources and limited interest in developing ECCE programs. Health care is a priority and the supply of ECCE centers is very inadequate. What is there, is for 3-5 year olds, administered under the auspices of the Ministry of Education. Four major governmental agencies are involved in providing the very limited care for children aged 0-3: Ministries of Education, Public Health, University Affairs, and Interior. UNICEF and several NGOs are also involved.

Since the declaration of the current Constitution (1997) people have been exposed to new ideas about child and youth development and have begun to appreciate the importance of early childhood for adult development. Among the more recent initiatives are:

- Reform of both formal and informal education;
- Early childhood initiatives begun in 1964 and coordinated by the Council for Children and Youth Development;
- Health care reform, including attention to HIV/AIDS infected mothers and children;
- A civil society movement that aims at strengthening families and communities;
- The movement of community organizations, NGOs and civic groups working to achieve specific targets having to do with improving the situation of disadvantaged children and families;
- Research studies carried out by the Child Welfare Association in Thailand.

A UNICEF-funded program operated from 1987 to 1998 with the involvement of seven organizations: the Ministries of Education, Public Health, University Affairs, and Interior, and several Thai NGOs. It focused on teaching parents about child development and nurturing. A second program, serving 3-5 year olds, called "Learning Reform of Early Childhood Education: Student Centered Approach" is being piloted from 1999 to 2002 under the Office of the National Education Commission, Office of the Prime Minister. Its focus is on the establishment of public and private ECCE programs. A teacher-training program is being piloted during these same years for these programs.

Despite a miscellany of ad hoc ECCE initiatives, there is no clear picture regarding coverage of preschool-aged children in ECCE centers in Thailand. A 1996-97 survey revealed that 54.2 percent of these children nationwide were cared for at home while 37.3 percent were enrolled in centers. Generally, children were cared for by their mothers (53.1 percent) or relatives (19.7 percent) but there seems to be some overlap in these figures.

Apart from the inadequate supply of ECCE programs, some other early childhood problems include:

- Parental ignorance of the factors impeding or enhancing early child development, especially among families living in rural areas;
- The lack of resources in local communities and rural areas for establishing programs providing cognitive, social, physical stimulation;
- Inadequate recognition of the importance of the early years (0-5) in the Thai society.

Only since the 1997 Constitution have people begun to understand the importance of children and youth to the society at large. Thus, there is some beginning attention to educational reform and lifelong learning, health care reform including special attention to HIV/AIDS infected mothers and children, and civil society developments with special attention to children. During 1977-2001 several programmatic initiatives for children and families were launched, coordinated by the Council for Children and Youth Development. These included: ECCE initiatives; child welfare initiatives; and protection of children's rights across different systems. Most of these initiatives, however, are operative only in big cities. There is still no extension to rural areas but it is expected that these areas will get more attention in the future, as will child and youth issues generally.

Malaysia

In Malaysia, the care of preschool aged children comes under the responsibility of a large number of government departments and social agencies such as the Ministry of Health, Ministry of National Unity and Social Development, Ministry of Rural Development; and the several state departments. Following the World Summit for Children in 1990, the report, *Caring for the Children of Malaysia –National Plan of Action for Child Survival, Protection and Development* was prepared and approved by the Cabinet in 1994. This served as the blueprint for the development and formulation of policies, programs, and strategies for children up to the year 2000.

Malaysia has achieved its goals for primary education (and for safe water and sanitation and for childhood immunization). The national target of 100 percent primary school participation was achieved by 1994. Basic primary education is free and universal and covers all children even though it is not compulsory. Almost all children in the primary grades are in grades appropriate for their age. The transition rate between grades in primary school averaged 99.8 percent in 1994 and the rate of enrolment from primary to secondary school was 91.2 percent and from lower secondary to upper secondary, 85.7. These rates are impressive, especially given that although free, school is not compulsory in Malaysia; but clearly it is highly valued, and coupled with universal access can lead to full coverage. There are also primary schools for children with special needs. There is equality in access to education opportunities by gender. In 1997 the proportion of female enrollment in public primary schools was 51.5 percent, in lower secondary schools, 50.5 percent, and in upper secondary schools, 47.5 percent. Technical and vocational schools are still dominated by males (67 percent) but females constitute almost half of the University students, 47.5 percent. The focus now is on enhancing quality of education by way of updating curriculum and strengthening basic skills in reading, writing, and mathematics.

According to the Malaysian country report *Education For All: The Year 2000 Assessment* (1999), ECCE programs are divided into home-based centers (what some would call family day care homes) serving fewer than 10 children and targeted largely on children under age 4, and preschools for 4-6 year olds, disproportionately available in urban areas. The objectives for the preschools include:

- providing care for the children of working parents;
- providing employment opportunities for women; stimulating broader societal support for ECCE;

- providing cognitive, social, physical and spiritual stimulation for children;
- preparing children for primary school.

Almost 88 percent of children in first grade in 1999 had some prior experience in a preschool program.

Preschool education is conducted largely by the government, and then by NGOs, and other private social organizations. The government operated 81.6 percent of the preschool programs in 1995. Of these, 61.8 percent are operated by the Community Development Division of the Ministry of Rural Development, 9.5 percent by the Ministry of National Unity and Social Development, and 10.3 percent by the Ministry of Education. The other 18.4 percent are operated by the private sector. Public preschool programs are free to parents and fully funded by the government. Private programs charge fees.

Coverage for preschool education has improved dramatically over the last decade-and-one-half, from 17 percent of 4-6 year olds in 1981 to 41.5 percent in 1995. The goal was 65 percent by the year 2000. However, the Malaysian report notes that in comparison with the full and universal coverage of primary school education, there is need for further improvement. It is expected that the 1996 Education Act will be amended to make preschool as well as primary school compulsory. The focus now is on expanding preschool programs with a particular stress on stimulating cognitive, physical and socio-emotional development. A Cabinet Committee has been formed comprising the Ministries of Education, National Unity and Social Development, and Rural Development with the goal of enabling all preschool-aged children to participate. One problem in moving towards universal preschool coverage is geographical. Part of East Malaysia can be accessed largely only by air or rivers, through heavy forest and across mountains.

Although the Ministry of Education (MOE) does not fund and operate all the preschools in Malaysia, it does have responsibility for preparing the preschool curriculum for all. It also carries out teacher training, registers preschool centers, and in general, implements preschool education. The NGOs involved in preschools include: the Malaysian Kindergarten Association, the Malaysian Association of Child Care Providers, the Malaysian Council for Child Welfare, and the National Association of Preschool Teachers. Although preschool teachers are required to have formal training in ECCE before being permitted to teach, it is not clear how long the training is or what it consists of apart from pedagogy and educational psychology. Nor is it clear what the content of the preschool curriculum is, nor the duration of the school day and year and whether it functions as a childcare program as well.

A 1998 study of "Childcare and Parenting Styles Among Working Parents in Malaysia" conducted by the National Population and Family Development Board found that working parents rely heavily on family members for care of their young children while they work (30.6 percent) and also on themselves (14.6 percent). Among the family members, grandparents played a major role in providing childcare (60.4 percent) followed by other relatives (22.5 percent) and older siblings (17.1 percent). Neighbors and friends provided another 15 percent of the childcare. Domestic servants accounted for 6.6 percent of child care, with 68 percent of the caregivers Indonesians, while 24 percent were Malaysian and Filipinos, 5.4 percent. Childcare centers accounted for only 5.1 percent of the care provided. However, about 18 percent of the children had no specially assigned caregivers but were under supervision at public or religious schools. Only a very few parents (1.5 percent) sent their children away from home to stay with relatives for sustained periods of time. About 9 percent of the children had no caregivers and can be considered "latch key" children, left alone by themselves while their parents worked outside of the home.

Unfortunately, the data that are provided in this study are not consistent. Nor are they desegregated by the age of the child, so it is unclear what portion of the child care is for primary school aged children, what for preschoolers and among the latter, how the care is allocated for the 0-3 year olds and for the 4-6 year olds. Nor is it clear what the

content of the preschool curriculum includes nor the duration of the preschool day. Nor is the relationship between "child care" and "preschool education" clear.

Preschool teachers must attend formal training or a special course before they can teach at a kindergarten or preschool. Training is conducted at Teacher Training Colleges under the Ministry of Education or other relevant ministries and government departments. However, it is not clear how long the training is nor what it consists of.

The public preschools are fully funded by the government. The government pays for all expenses including teacher salaries, capital costs and equipment, food subsidies, etc. In private preschools, parents pay fees and the other expenses are borne by the operator/caregiver.

The Malaysian government is greatly concerned about the inadequacies in its preschool programs and supportive of efforts to expand the supply of preschools, to amend the Education Act of 1996 and make preschool education compulsory, and to increase investment in preschool and education generally. It is also concerned with monitoring and enhancing the quality of the programs, increasing the supply, strengthening and expanding teacher training, and, most importantly, increasing collaboration and cooperation across the several government agencies involved. As can be seen from the report, the Malaysian government plays a major role in supporting families. It has made significant progress in the care and development of young children following earlier plans. A large number of policies and programs are already in place to ensure the well-being of children and their families, with particular attention to health care and education. Efforts are expected to continue in the 21st century to support families with children, especially with regard to the care and education of young children.

Indonesia

In Indonesia, the development of children is mostly a family-level responsibility. When parents are not able to be the primary caregivers, because of employment outside the home, care is carried out by relatives, neighbors, or care services. These ECCE services/programs are designed to optimize the survival, growth, and development of children. There are several types of early childhood programs that focus largely on providing education and health care, but care and education are viewed as separate functions and data are not available with regard to coverage and the portion of eligible children in each program type. Only 27 percent of first graders were found to have had any prior preschool experience at the end of the 1990s (*Education For All: The Year 2000 Assessment)*:

- Child (day) care centers provide services for children from 3 months to six years of age who need care while their parents work outside the home. Both government and non-governmental organizations operate these centers, which are under the responsibility of the Ministry of Social Affairs while the educational supervision is provided by the Ministry of National Education since 1990. Most centers are in urban areas because, according to the report, women in rural areas prefer to leave their children in the care of other family members when they are working.
- Playgroups are part-day (2 hours a day), part week (3 days a week) programs that are similar to the day care centers but operate on a much more limited scale. Under the Ministries of Social Affairs and National Education, they serve the 0-3 year olds and have as their primary goal developing children's social skills and readiness for school, thus focusing on meeting children's needs rather than on the needs of working parents.
- Kindergartens provide early education services for children aged 4-6. Most kindergartens divide children into two groups, one for 4-5 year olds and a second for 5-6 year olds. Kindergartens operate under the authority of the Ministry of National Education.

- Posyandu is a type of health and nutrition, home-based service designed to encourage the psychosocial development of children aged 3-6 and is under the responsibility of the Ministry of Health. A member of the family is recruited to function as a change and development agent to provide information and advice about health and nutrition.

A "*Family and Under Five Development Program*" trains/educates mothers and other caregivers to help them to better stimulate children's cognitive, physical, and socio-emotional development and to monitor the child's physical growth. The government conducts training programs for kindergarten teachers and day care and playgroup providers through teacher training institutions. According to the Indonesian report, national budget allocations for education, health, and social services are very limited and ECCE programs are under-funded at the community as well as national level. There is need for responsibility for these programs – and financing – to be shared among government, community organizations, and NGOs. There is also need for special education programs, which now are only available beginning with kindergarten, and the supply does not even meet that need.

Approximately 40 percent of working women care for their children while working, 37 percent rely on female relatives especially grandmothers, and 10 percent use older female siblings to help. In rural areas older female siblings are the primary caregivers of young children. Mothers in urban areas are more likely to use domestic help or the out-of-home care services described above.

The challenges confronting Indonesia's early childhood policy and provision include:

- poor health status, unequal access to health services, and low utilization of health services;
- widespread malnutrition among children under the age of 5;
- low quality and quantity of early child development care and education services;
- education that lacks relevance to children's needs;
- inadequate efforts at achieving higher status for women;
- sustaining its educational participation rate.

We might add that another challenge is the failure to integrate care and education.

Indonesia has established a set of Broad Guidelines for State Policy that include special attention to empowering families to make and act on informed decisions regarding the care of its members including children, with regard to their health, education, care, and protection against abuse and exploitation

The Philippines

A consistent finding in research in the Philippines is that mothers are the primary caregivers of young children, especially infants. At later ages, other family members such as grandparents and older siblings play an important role. Depending on the socio-economic status of the family, paid, in-home caregivers are important for preschool aged children up to age 10. When children are old enough for preschool (age 3), the neighborhood childcare center or a private preschool takes care of the children for 2-3 hours a day.

Compulsory school begins at age 6 but only 86 percent of those entering primary school go from first to second grade. ECCE programs are supposed to improve this. Public childcare centers as well as public primary schools are subsidized by the local or national governments. If fees are charged, they are largely voluntary and very minimal. Parents who cannot afford the fees volunteer their services (cleaning the center or assisting staff). Parents who can afford higher fees send their children to private

preschools, some of which, according to the report, charge fees that are even higher than college or university tuition.

Staff may have formal university degrees in early childhood education or family life and child development. Or, they may take short non-degree courses in community or childcare centers. Graduates of the degree programs usually work in the private childcare programs where salaries are higher.

With the passage of the Early Child Care and Development (ECCD) Law in 2000, some of the policies announced in the constitution are beginning to be implemented. The Law recognizes the importance of early childhood and its special needs, affirms parents as primary caregivers and the child's first teachers, and establishes parent effectiveness seminars and nutrition counseling for pregnant and lactating mothers. The objectives of the National ECCD programs include:

- improvement of infant and child survival rates through expanded child health programs;
- enhanced roles of parents and caregivers through parent effectiveness seminars and counseling;
- enhanced cognitive, physical, social and emotional development of young children through the establishment of additional child care centers under the Department of Social Welfare;
- a smooth transition from at-home care to pre or primary schools through a two-month bridging program for entrants to primary school;
- creating a system for early intervention and prevention of developmental problems and disabilities;
- enhanced capabilities of caregivers through training of child care staff;
- improvement of the quality of public and private ECCD programs through registration and accreditation of programs;
- promotion of the ECCD programs through the establishment of linkages between local government units, the Departments of Health, Education, and Social Welfare, and the appointment of an early child development official in every city to coordinate and supervise all these activities.

The Law requires the establishment of a National Coordinating Council for the Welfare of Children which:

- establishes guidelines, standards, and culturally relevant practices for ECCD programs;
- develops a national system for the recruitment, training, and accrediting of caregivers;
- monitors the delivery of ECCD services and the impact on beneficiaries;
- provides additional resources to poor and disadvantaged communities in order to increase the supply of ECCD programs;
- encourages the development of private sector initiatives.

ECCD programs include: child care programs; parent effectiveness seminars; child minding centers; family day care services; parent-child development programs; and kindergartens in public schools. All but the kindergartens have local government units and the Department of Social Welfare as the responsible administrative agency and funding source. Where the kindergartens are concerned, the responsible agency and funding source is the Department of Education. The Departments of Health and Social Welfare and Development are the government agencies with primary responsibility for both the 0-3 year olds and the 3-6 year olds. They provide health care and protection against child abuse and abandonment. The Department of Education assumes responsibility only when children enter kindergarten or primary school.

There are no data on the extensiveness of these programs, the proportion of children of different ages who are served by each program, or whether there is overlap among them. One estimate of coverage is 8 percent of 0-6 year olds in some kind of program in 1998 (*Education For All: The Year 2000 Assessment*), double the rate in1990. In 1999, 71 percent of first graders did have some prior preschool experience, largely at age 5 (*Education For All: The Year 2000 Assessment*); 3 percent of these were in public programs. Even where ECCD programs exist, however, the supply is limited and quality is poor. For example, two programs that are currently operating under the Department of Social Welfare, are: (1) a 2-3 hour childcare program for 4-6 year olds; and (2) a parent effectiveness program. About 43 percent of the villages have these programs but lack resources – supplies, equipment, and qualified staff – to adequately cover all the children of this age, or their parents. According to one recent case study of ECCD programs in the Philippines (Bautista, 2001), "Considering the length of time that ECCD programmes have been implemented in the Philippines, information systems for ECCD are relatively undeveloped"(p. 43). The biggest gap in ECCD provision is in programs for the under 3s.

Vietnam

Vietnam, like all other Southeast Asian countries, stresses the role of parents and families in providing early childhood care and education. However, in recent years it has increased attention to preschool-aged children. In 1991, a law was enacted establishing universal primary education. In 1999, another law was enacted regarding preschool education, establishing responsibility for programs for 0-6 year olds under one ministry, that of Education and Training, and with links to the Ministry of Health and to Women's organizations. The supply of ECCE programs is inadequate in rural areas and among poor children.

Vietnam provides a paid and job-protected maternity leave for women in the paid labor force lasting 120 days and replacing 100 percent of prior wages. It covers adoption as well as childbirth. Legislation also provides for an additional unpaid leave lasting 180 days that may be provided by employers. There are no data on the proportion of women who are covered by these leave policies at childbirth.

As in many other countries, early childhood care and education policies and programs are targeted primarily on the 3-5 year olds. Eight percent of 0-3 year olds but 45 percent of 3-5 year olds have access to ECCE in Vietnam. About 76 percent of 5 year olds are enrolled in kindergarten. Access and quality vary dramatically between urban and rural areas. The supply of ECCE is clearly inadequate, but especially for the 0-3 year olds. Access in general is limited, and fees are reduced for poor children but still too high for many families. The programs are overwhelmingly public or publicly subsidized; only 1 percent is private.

ECCE policies and programs are integrated administratively under one ministry (see below), but the delivery system still appears to be fragmented. There are nurseries for children aged 3 months to 3 years and kindergartens for 3 to 6 year olds. In addition to providing care and education for these very young children, the programs are designed to provide cognitive, physical, and social stimulation and prepare children for first grade. Current policies are aimed at increasing the supply and coverage rate in kindergarten to 70-80 percent, developing family day care homes for the under 3s, and stimulating public support and increased investment.

Vietnam is promoting an integrated administrative approach with one government Ministry, the Ministry of Education and Training, holding primary responsibility for children from birth to age 8, but it is not yet implemented. The goals are: to make parents more informed about child development and good parenting; to establish low-cost community-based programs linked with health care services; to establish safe ECCE programs; and to increase the supply of programs for the 0-3s and for the rural population. The problem of street children – often migrants from rural areas – and of orphans, require special attention as well. The current trend is to encourage the

development of private ECCE programs but the government will fund programs in the disadvantaged communities.

Cambodia

Some of the consequences of the problems listed earlier include: (1) a reduction in the numbers of available caretakers for children; (2) a reduction in the ability of existing caretakers to provide care; and (3) a scarcity of resources available to caregivers to support the survival, education, and socialization of children in need of care. The most important needs for children are nutrition, health care, education, and daily care. ECCE comes later.

In 2000 for the first time, the Ministry of Education, Youth, and Sport (MOEYS) formally articulated a "Policy on ECE" which may constitute the first step towards a national ECCE policy. Care of the 0-3 year olds is largely by mothers bringing babies to the fields while they work, or, secondarily, by older siblings. ECCE is focused primarily on children aged 3 to compulsory school entry, technically age 6 but the policy covers children aged 3-8. These programs are under the auspices of the MOEYS which increasingly now recognizes the importance of early childhood education for the 0-3s as well as the 3-5year olds, but has not yet made a significant move towards increasing the supply of programs. The government agency with primary responsibility for preschool is the MOEYS. The agencies with primary responsibility for the younger children (0-3) include the Ministry of Women's and Veteran's Affairs (MOWVA), the Ministry of Health and the Ministry of Rural Development. The MOWVA also has responsibility for the Early Childhood Development (ECCE in our terms) community-based groups/centers for 0-6 year olds.

The types of formal preschools include:

- independent and free-standing public preschools;
- preschools linked to public primary schools;
- preschools linked to factories and enterprises;
- preschools linked to Cambodian NGOs and International NGOs; and
- private preschools (with no government support) including some for affluent families situated in well-to-do communities and others, less formal, for poor families, located in poor neighborhoods.

There are also informal community-based childcare centers.

The MOEYS and MOWVA are involved in training staff and volunteers for the government-funded/sponsored programs. There is a one-year training program for the preschool staff of MOEYS programs, carried out at a teacher training school, and short training programs provided by the MOWVA (22 days), and the international NGOs (20 days).

The supply of preschool programs is very limited and coverage is very sparse. Preschools enroll about 10 percent of the 5-6 year olds and another 25 percent of 6 year olds are in primary school. They constitute about two-thirds of all the preschoolers. About 5 percent of 3-5 year olds are also enrolled.

It is recognized that there is multiplicity and overlap among the government agencies with responsibility for ECCE, especially with regard to the under 3s. These agencies include the MOWVA, Health, and Rural Development for the 0-3s and MOEYS for those aged 3 to compulsory school entry. There are mechanisms established under the aegis of the MOEYS to promote and facilitate coordination across the relevant ministries but between the paucity of programs and places for children and the multiplicity of agencies involved, the background country report does not suggest extensive cooperation or collaboration around policies, program operations, or data collection.

Laos

Compulsory school begins at age 6 and 5 years of education are required; but the policy does not seem to be enforced. After 1975, preschool education was introduced through the establishment of two types of programs (one for the under 3s and another for the 3-5 year olds) at places of work. At the end of the first 5-year plan (1981 –1985) about 3 percent of children aged 3 months to 5 years were enrolled. By 1988, coverage was a little more extensive with 2 percent coverage of the 0-3s and 8 percent of the 3-5 year olds enrolled. The rates are lower for girls. All these rates may have declined since then but there are no later data.

The ECCE objectives are similar to those identified in the other countries, in particular, (1) providing cognitive, physical, and social stimulation, and (2) preparation for primary school. The Ministry of Education has responsibility for both infant/toddler programs and preschools, along with some support from the international NGOs. The government pays the salaries of the "teachers" in these programs and there is one teacher training school in the country.

In sum, the ECCE policies and programs described in the seven countries are consistent in the goals they are trying to achieve (cognitive, physical social stimulation; enhanced child development; preparation for primary school) but clearly, not in the extent to which they have been achieved. Moreover, although some of the variation seems related to constrained resources (in Cambodia and Laos, for example), Malaysia seems to have advanced further than Thailand despite similar rankings with regard to poverty and child and women well-being generally and social expenditures as a portion of GDP.

Most countries allocate ECCE responsibility to several different agencies. Ministries of education are always one of the agencies but ministries involving social welfare, rural development, interior, or health are often involved as well, with little evidence of collaboration across agencies. Only Vietnam appear to have assigned one ministry, education, the full responsibility for ECCE while Malaysia seems to have placed education in a lead position, but not the sole position. The Philippines and Indonesia divide responsibility according to the age of the children, between two ministries, education and social affairs or health. It is not clear, however, the extent to which care and education are in fact integrated for each age group.

Conclusion

The changes occurring in families in these ASEAN countries are similar to those observed in more industrialized countries including a decline in extended families and an increase in nuclear families, an increase in female-headed families and in dual-earner families, smaller family size, an aging population and changes in gender roles. (Of course, the direction is similar but the rates are quite different from the industrialized world.) Gender inequality and traditional gender roles persist within families despite the increase in female labor force participation outside the home. And they persist in the larger society as well despite legislation enacted to promote gender equity. And they persist despite the growing understanding of the link between women's status and children's development. Women's education level is generally low, and lower than men's education in some countries; and gender inequities in education persist especially in rural areas. Urban/rural inequities persist as well.

There is growing recognition of the importance of ECCE for 3-5 year olds and some emerging understanding of the importance of programs for the under 3s. However, resources are very limited in these countries and the first priority is for adequate health care and nutrition, then for universal primary (and in some instances secondary) education, and then for attention to poverty reduction. There is only limited awareness of the importance and relevance of early childhood development for adult development or for the need for policies and programs that are responsive to the extensive changes that are occurring in the larger society. Given the limited knowledge

parents may have concerning child development, there can be neglect of young children and insufficient cognitive, social, and physical stimulation. Even where programs exist, there are shortages of qualified staff and opportunities for training. Moreover, traditional values prevail, placing a stress on care giving of very young children by mothers or by other family members (grandmothers and older siblings) when mothers are in paid, out-of-home employment and unable to provide care themselves.

The combination of traditional values, limited resources, and few qualified staff re-enforce the conventional and historic pattern of ECCE as two programs, one providing "care" to the under 3s (on a very limited basis and assuming a primary role for parents and families), and a second, providing "education" for those aged 3 to compulsory school entry largely involving a part-day program. There is not, as yet a holistic and integrated "care and education" program. This division is re-enforced further through the divided (and sometimes overlapping) policy and program responsibilities between ministries of health and social welfare with regard to care, and education with regard to preschool. Two alternative approaches have been tried, one placing responsibility for the whole cohort under school entry under the education ministry (as in Vietnam) and a second focused on establishing collaborative links across ministries (as in a pilot project in the Philippines). However, neither of these strategies is fully developed as yet and there is need for careful and systematic assessment of the implementation and outcomes of each.

Monitoring legislative and policy implementation and enforcement – currently very limited in many places – is essential. It seems clear that there is need for policies and programs that effectively respond to the potentially negative consequences brought about by the significant changes occurring in the countries and there is need for legislation that is responsive to the growing knowledge of what makes for positive child development, preparation for schooling, and the establishment of a strong foundation for subsequent adult development. Even when such legislation is in place, it is essential that the implementation and enforcement of such legislation be closely monitored.

The reports from two countries, Malaysia and Indonesia, indicate that there are plans for monitoring the social impact of proposed and/or new policies on women, children, and on the society at large. If this is a goal, extensive efforts will be needed to develop a research infrastructure capable of such assessment.

National and international NGOs have an important role to play in the development of ECCE programs, and there may be a role for the market as well, but governments have the key role to play in establishing the relevant policies.

A major problem in developing relevant policies is the lack of data on the specifics of the existing programs, on the experiences of children participating in these programs, and on the actual coverage in each age cohort. For example, there is a lack of data with regard to how many children of different ages (and what portion of the age cohort) participate in different types of out-of-home care arrangements. There is also need for data that indicate the curricula or content of each of the programs and the duration of the program day and year. For example, do the programs cover the usual workday or the school day, or only part of the day? Does the program operate a full year or only a portion of the year? There is need for data on the qualifications of existing staff and the kinds of training they receive. Most important, there is need for data on the relationship care and education in these programs. And there is need for data on quality, financing, costs and expenditure, staffing, and administrative auspices (across governmental agencies and across public and private sectors).

To conclude: There has been a significant increase in interest in and in awareness of the importance of early childhood care and education in these countries, but there is a long way to go before the supply is adequate, the quality satisfactory, and the picture complete.

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[5] This report draws on the seven background country reports prepared by government officials and country experts for the meeting. They served as the "raw data" for the report. In addition to the background country reports, it draws on UN reports, UNICEF reports, and the author's research.

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